

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JAN 25 1937

42326

1. PLACE OF DEATH

County Clay
Township Galatun
City Home

Registration District No. 197
Primary Registration District No. 5276

File No. 42326
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Harlem mo St., _____ Ward.

Length of residence in city or town where death occurred 20 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Ida Cleaver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 - 1863</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>2</u>	DAYS <u>16</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ray County Mo.

13. NAME
Mose Cleaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

15. MAIDEN NAME
Harnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

17. INFORMANT
(ADDRESS)
Ida Cleaver
No. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs DATE Dec 23, 1936

19. UNDERTAKER
(ADDRESS)
Morton Funeral Home
No. 1 Kansas City, Mo.

20. FILED
122 134 Viola C. Moyer
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
had a stroke about 5 yrs previous
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? me Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Catherine Wyson & Co

(Address) Liberty Clay Co Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

